Milwaukee Radio Amateurs' Club, Inc.

P.O. Box 070695
Milwaukee, WI 53207-0695

2009 Membership/Renewal Application

Date _____ **For office use only:** PT R C CK AMT_____ No._____

Name _____ **Callsign** _____

Spouse or Family member name _____ **Callsign** _____

1st Address _____

2nd Address _____

City _____ **State** _____ **Zip Code** _____

Telephone Contact Number _____ **Home Cell Office Other**

E-mail address _____

Membership Type Applied for (check only one)
☐ **Regular $17.00** ☐ **Family $17.00** ☐ **Associate $17.00** ☐ **Life (no charge)**

Applicants License Class
☐ **None** ☐ **Novice** ☐ **Technician** ☐ **Technician Plus** ☐ **General** ☐ **Advanced** ☐ **Extra**

Spouse or Family License Class
☐ **None** ☐ **Novice** ☐ **Technician** ☐ **Technician Plus** ☐ **General** ☐ **Advanced** ☐ **Extra**

ARRL member?
Applicant ☐ **Yes** ☐ **No**
Spouse/Family ☐ **Yes** ☐ **No**

Participated in any Milwaukee Radio Amateurs' Club training?
Code on the Air ☐ **Yes** ☐ **No** **Classroom** ☐ **Yes** ☐ **No**
Code on the Air ☐ **Yes** ☐ **No** **Classroom** ☐ **Yes** ☐ **No**

Club Interests: ☐ **Teaching** ☐ **Field Day** ☐ **Volunteer Examiner** ☐ **Officer**
☐ **Director** ☐ **Net Control** ☐ **Repeater** ☐ **Other** _____

Committee interests: ☐ **Newsletter** ☐ **Field Day** ☐ **Repeater** ☐ **Refreshments**
☐ **Public Relations** ☐ **Archives** ☐ **Meeting Programs**
☐ **Christmas Party** ☐ **Other** _____

Amateur radio interests: _____

Enclose a check for the appropriate amount and mail it to the address above.

Membership year runs from January 1 through December 31

Received from _____ ***Date*** _____

The Sum of _____ ***Dollars*** ***Cash/Check #*** _____

For **Milwaukee Radio Amateurs' Club dues 2009** ***Amount*** _____

_____
Signed